

APPENDIX C-9						
MECHANICAL AND ELECTRONIC LINE LEAK DETECTORS PERFORMANCE TESTS						
Facility Name: SJH Agency Inc			Owner:			
Address: 3311 Carlton rd			Address:			
City, State, Zip Code: Hillsdale, MI 49242			City, State, Zip Code:			
Facility I.D. #:			Phone #:			
Testing Company: United Petroleum Equipment, Inc.			Phone #: (269) 962-1407		Date: 12/30/24	
This data sheet can be used to test mechanical line leak detectors (MLLD) and electronic line leak detectors (ELLD) with submersible turbine pump (STP) systems. See PEI/RP1200 Sections 9.1 and 9.2 for test procedures.						
Line Number	1	2	3			
Product Stored	Unlead	Premium	Diesel			
Leak Detector Manufacturer	Franklin	Franklin	Red Jacket			
Leak Detector Model	Gas	Gas	Diesel			
Type of Leak Detector	<input checked="" type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input checked="" type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input checked="" type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD
MLLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)						
STP Full Operating Pressure	28	28	29			
Check Valve Holding Pressure	20	24	25			
Line Resiliency (ml) (line bleed back volume as measured from check valve holding pressure to 0 psig)	220	230	100			
Step Through Time in Seconds (time the MLLD hesitates at metering pressure before going to full operating pressure as measured from 0 psig with no leak induced on the line)	6	8	7			
Metering Pressure (STP pressure when simulated leak rate 3 gph at 10 psig)	12	11	10			
Opening Time in Seconds (the time the MLLD opens to allow full pressure after simulated leak is stopped)	6	7	7			
Does the STP pressure remain at or below the metering pressure for at least 60 seconds when the simulated leak is induced?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the leak detector reset (trip) when the line pressure is bled off to zero psig?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the STP properly cycle on/off under normal fuel system operation conditions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A "No" answer to either of the above questions indicates the MLLD fails the test.						
ELLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)						
STP Full Operating Pressure						
How many test cycles are observed before alarm/shutdown occurs?						
Does the simulated leak cause an alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A "No" answer to the above question indicates the ELLD fails the test.						
Does the simulated leak cause an STP shutdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments:						

Tester's Name (print) Zac Hemker Tester's Signature Zac Hemker

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APPENDIX C-4						
CONTAINMENT SUMP INTEGRITY TESTING HYDROSTATIC TESTING METHOD						
Facility Name: SJH Agency Inc				Owner:		
Address: 3311 Carlton rd				Address:		
City, State, Zip Code: Hillsdale, MI 49242				City, State, Zip Code:		
Facility I.D. #:				Phone #:		
Testing Company: United Petroleum Equipment, Inc.				Phone #: 269-962-1407		Date: 12/30/24
This procedure is to test the leak integrity of containment sumps. See PEI/RP1200 Section 6.5 for the test method.						
Containment Sump ID	Unlead STP	Premium STP	Diesel STP	Disp 1/2	Disp 3/4	Disp 5/6
Containment Sump Material	Fiberglass	Fiberglass	Fiberglass	Plastic	Plastic	Plastic
Liquid and debris removed from sump?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the containment sump.)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Containment Sump Depth	43	43	43	29	29	29
Height From Bottom to Top of Highest Penetration	9	11	13	7	7	7
Starting Water Level	18	16	18	12	13	13
Test Start Time	10:00am	10:00am	10:00am	10:00am	10:00am	10:00am
Ending Water Level	18	11	13	12	13	13
Test End Time	11:00am	11:00am	11:00am	11:00am	11:00am	11:00am
Test Period (Minimum test time: 1 hour)	1 Hour	1 Hour	1 Hour	1 Hour	1 Hour	1 Hour
Water Level Change	0	0	0	0	0	0
Pass/fail criteria: Must pass visual inspection. Water level drop of less than 1/8 inch.						
Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments: 						

*All liquids and debris must be disposed of properly.

Tester's Name (print) Zac Hemker Tester's Signature Zac Hemker

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APPENDIX C-4

CONTAINMENT SUMP INTEGRITY TESTING HYDROSTATIC TESTING METHOD

Facility Name: SJH Agency Inc	Owner:	
Address: 3311 Carlton rd	Address:	
City, State, Zip Code: Hillsdale, MI 49242	City, State, Zip Code:	
Facility I.D. #:	Phone #:	
Testing Company: United Petroleum Equipment, Inc.	Phone #: 269-962-1407	Date: 12/30/24

This procedure is to test the leak integrity of containment sumps. See PEI/RP1200 Section 6.5 for the test method.

Containment Sump ID	Disp 7/8	Disp 9/10				
Containment Sump Material	Plastic	Plastic				
Liquid and debris removed from sump?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the containment sump.)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Containment Sump Depth	29	29				
Height From Bottom to Top of Highest Penetration	7	7				
Starting Water Level	15	14				
Test Start Time	10:00am	10:00am				
Ending Water Level	15	14				
Test End Time	11:00am	11:00am				
Test Period (Minimum test time: 1 hour)	1 Hour	1 Hour				
Water Level Change	0	0				

Pass/fail criteria: Must pass visual inspection. Water level drop of less than 1/8 inch.

Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Comments:

*All liquids and debris must be disposed of properly.

Tester's Name (print) Zac Hemker Tester's Signature *Zac Hemker*

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APPENDIX C-3

**SPILL BUCKET INTEGRITY TESTING HYDROSTATIC TEST METHOD
SINGLE- AND DOUBLE-WALLED VACUUM TEST METHOD**

Facility Name: SJH Agency Inc		Owner:				
Address: 3311 Carlton rd		Address:				
City, State, Zip Code: Hillsdale, MI 49242		City, State, Zip Code:				
Facility I.D. #:		Phone #:				
Testing Company: United Petroleum Equipment, Inc.		Phone #: 269-962-1407		Date: 12/30/24		
This procedure is to test the leak integrity of single- and double-walled spill buckets. See PEI/RP1200 Section 6.2 for hydrostatic test method, Section 6.3 for single-walled vacuum test method and Section 6.4 for double-walled vacuum test method.						
Tank Number	1	2	3			
Product Stored	Unlead	Premium	Diesel			
Spill Bucket Capacity		5 Gallons	5 Gallons			
Manufacturer		OPW	OPW			
Construction	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Test Type	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Spill Bucket Type	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor
Liquid and debris removed from spill bucket?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Tank riser cap included in test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Drain valve included in test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Starting Level		11	12			
Test Start Time		9:00am	9:00am			
Ending Level		11	12			
Test End Time		10:00am	10:00am			
Test Period		1 Hour	1 Hour			
Level Change		0	0			
Pass/fail criteria: Must pass visual inspection, Hydrostatic: Water level drop of less than 1/8 inch; Vacuum single-walled only: Maintain at least 26 inches water column; Vacuum double-walled: maintain at least 12 inches water column.						
Test Results	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments: The Unlead Spill Bucket is completely destroyed and will need to be replaced.						

*All liquids and debris must be disposed of properly.

Tester's Name (print) Zac Hemker Tester's Signature Zac Hemker

APPENDIX C-5

UST OVERFILL EQUIPMENT INSPECTION AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE

Facility Name: SJH Agency Inc	Owner:	
Address: 3311 Carlton rd	Address:	
City, State, Zip Code: Hillsdale, MI 49242	City, State, Zip Code:	
Facility I.D. #:	Phone #:	
Testing Company: United Petroleum Equipment, Inc.	Phone #: (269) 962-1407	Date: 12/30/24

This data sheet is for inspecting automatic shutoff devices and ball float valves. See PEI/RP1200 Section 7 for inspection procedures.

Product Grade	Unlead	Premium	Diesel			
Tank Number	1	2	3			
Tank Volume, gallons	13814	5920	4960			
Tank Diameter, inches	126	126	126			
Overfill Prevention Device Brand	Franklin	Franklin	Franklin			
Type	<input checked="" type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input checked="" type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input checked="" type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve

AUTOMATIC SHUTOFF DEVICE INSPECTION						
1. Drop tube removed from tank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Drop tube and float mechanisms free of debris?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Float moves freely without binding and poppet moves into flow path?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Bypass valve in the drop tube open and free of blockage (if present)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present
5. Flapper adjusted to shut off flow at 95% capacity?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" to any item in Lines 1-5 indicates a test failure.

BALL FLOAT VALVE INSPECTION**						
1. Tank top fittings vapor-tight and leak-free?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ball float cage free of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ball free of holes and cracks and moves freely in cage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Vent hole in pipe open and near top of tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Ball float pipe proper length to restrict flow at 90% capacity?***	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" to any item in Lines 1-5 indicates a test failure.

Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
---------------------	--	--	--	---	---	---

Comments: I was unable to remove the premium drop tube from the tank.

* Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity.

** If a ball float is found to fail the inspection, another method of overfill must be used.

*** Use manufacturer's suggested procedure for determining if flow restriction device will restrict flow at 90% capacity.

Tester's Name (print) Zac Hemker Tester's Signature *Zac Hemker*

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APPENDIX C-7				
AUTOMATIC TANK GAUGE OPERATION INSPECTION				
Facility Name: SJH Agency Inc	Owner:			
Address: 3311 Carlton rd	Address:			
City, State, Zip Code: Hillsdale, MI 49242	City, State, Zip Code:			
Facility I.D. #:	Phone #:			
Testing Company: United Petroleum Equipment, Inc.	Phone #: (269) 962-1407	Date: 12/30/24		
This procedure is to determine whether the automatic tank gauge (ATG) is operating properly. See PEI/RP1200 Section 8.2 for the inspection procedure. This procedure is applicable to tank level monitor stems that touch the bottom of the tank when in place.				
Tank Number	1	2	3	
Product Stored	Unlead	Premum	Diesel	
ATG Brand and Model	TLS-350	TLS-350	TLS-350	
1. Tank Volume, gallons	13814	5920	4960	
2. Tank Diameter, inches	126	126	126	
3. After removing the ATG from the tank, it has been inspected and any damaged or missing parts replaced?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Float moves freely on the stem without binding?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Fuel float level agrees with the value programmed into the console?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Water float level agrees with the value programmed into the console?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Inch level from bottom of stem when 90% alarm is triggered.	106	106	106	
8. Inch level at which the overfill alarm activates corresponds with value programmed in the gauge?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Inch level from the bottom when the water float first triggers an alarm.	2	2	2	
10. Inch level at which the water float alarm activates corresponds with value programmed in the gauge?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any answers in Lines 3, 4, 5, or 6 are "No," the system has failed the test.				
Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments:	ATG Battery Test Results? Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>			

Tester's Name (print) Zac Hemker Tester's Signature *Zac Hemker*

APPENDIX C-11

EMERGENCY STOP SWITCH OPERATION INSPECTION

Facility Name: SJH Agency Inc	Owner:	
Address: 3311 Carlton rd	Address:	
City, State, Zip Code: Hillsdale, MI 49242	City, State, Zip Code:	
Facility I.D. #:	Phone #:	
Testing Company:	Phone #: (269) 962-1407	Date: 12/30/24

This procedure is to verify the operation of all emergency stop switches/buttons (E-stops). Each E-stop must disconnect power to dispensers, submersible turbine pumps (STPs) and all non-intrinsically safe electrical equipment in classified areas. Test each E-stop separately. See PEI/RP1200 Section 11 for the inspection procedure.

E-stop Number or ID	1					
Location	Under Counter					
1. E-stops labeled and located where easily accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. System fully powered and in normal operating condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. After activating E-stop, power disconnected from:						
3a. All dispensing devices on all islands?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. All STPs for all fuel grades?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3c. All power, control and signal circuits associated with the dispensing devices and the STPs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3d. All other non-intrinsically safe electrical equipment in classified areas surrounding fuel dispensing devices?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. All intrinsically safe electrical equipment remains energized after E-stop activation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. After testing, E-stop has been reset and power reestablished to normal operating condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" to lines 3a-3d indicates a test failure.

Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Comments:

Tester's Name (print) Zac Hemker Tester's Signature *Zac Hemker*



**EZY CHEK SYSTEMS
PRODUCT LINE TESTER**

DATA SHEET

TEST DATE

12/30/24

Testing Company Information

Name	United Petroleum Equipment Inc
Address	300 Custer Dr
City	Battle Creek
Phone	800-964-8734

Test Location Information

Name	SJH Agency Inc
Address	3311 W Carleton Rd
City	Hillsdale MI 49242
Phone	
Contact	

Technican Information

Name	Zac Hemker
Cert #	96-7531

Applied Pressure

50 psi

#1	Product Type:			Diesel		
TIME	DATA	-/+	GPL	RES	GPH	
9:15a	57	0	0.0037	0.0000	0.0000	
9:30a	57	0	0.0037	0.0000	0.0000	
9:45a	57	0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	

FINAL RESULT: Pass

#2	Product Type:			Premium		
TIME	DATA	-/+	GPL	RES	GPH	
9:55a	61	0	0.0037	0.0000	0.0000	
10:10a	60	-1	0.0037	-0.0037	-0.0148	
10:25a	60	0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	

FINAL RESULT: Pass

#3	Product Type:			Unlead		
TIME	DATA	-/+	GPL	RES	GPH	
10:30a	67	0	0.0037	0.0000	0.0000	
10:45a	66	-1	0.0037	-0.0037	-0.0148	
11:00a	65	-1	0.0037	-0.0037	-0.0148	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	

FINAL RESULT: Pass

#4	Product Type:					
TIME	DATA	-/+	GPL	RES	GPH	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	

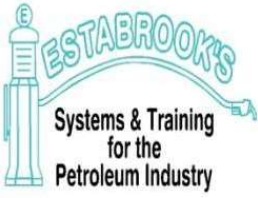
FINAL RESULT:

#5	Product Type:					
TIME	DATA	-/+	GPL	RES	GPH	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	

FINAL RESULT:

#6	Product Type:					
TIME	DATA	-/+	GPL	RES	GPH	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	
		0	0.0037	0.0000	0.0000	

FINAL RESULT:



EZY CHEK SYSTEMS
PRODUCT LINE TEST
FINAL REPORT

TEST DATE 12/30/24

Testing Company Information

Name	United Petroleum Equipment Inc
Address	300 Custer Dr
City	Battle Creek
Phone	800-964-8734

Test Location Information

Name	SJH Agency Inc
Address	3311 W Carleton Rd
City	Hillsdale MI 49242
Phone	0
Contact	0

Technican Information

Name	Zac Hemker
Cert #	96-7531
Applied Pressure	50 psi

PRODUCT LINE TEST
FINAL REPORT

	Product Type	Result
#1	Diesel	Pass
#2	Premium	Pass
#3	Unlead	Pass
#4	0	0
#5	0	0
#6	0	0

Comments/Recommendations:

APPENDIX C-10

SHEAR VALVE OPERATION INSPECTION

Facility Name: **SJH Agency Inc** Owner
 Address: **3311 Carlton rd** Address
 City, State, Zip Code: **Hillsdale, MI 49242** City, State, Zip Code:
 Facility I.D. #: _____ Phone #:
 Testing Company: **United Petroleum Equipment, Inc.** Phone #: **269-962-1407**
 Date 12/30/24

This data sheet is for inspecting shear valves located inside dispensers. See PEI/RP1200 Section 10 for the inspection procedure.

Product Grade	Unleaded	Diesel	Unleaded	Premium	Unleaded	Premium	Unleaded	Premium	Unleaded	Premium
Dispenser ID#	1/2	3/4	5/6	7/8	9/10	9/10	9/10	9/10	9/10	9/10
Shear Valve Type (Product/Vapor)	Product	Product	Product	Product	Product	Product	Product	Product	Product	Product
1. Is the shear valve rigidly anchored to the dispenser box frame or dispenser island?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the shear section positioned between 1/2 inch above or below the top surface of the dispenser island?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the lever arm free to move?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the lever arm snap shut the poppet valve?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Can any product be dispensed when the product shear valve is closed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

A "No" to Lines 1-4 or a "Yes" for Line 5 indicates a test failure.

Test Results	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Tester's Name (print) **Zac Hemker** Tester's Signature *Zac Hemker*

APPENDIX C-3

**SPILL BUCKET INTEGRITY TESTING HYDROSTATIC TEST METHOD
SINGLE- AND DOUBLE-WALLED VACUUM TEST METHOD**

Facility Name: <u>JSH AGENCY</u>	Owner:
Address: <u>3311 W. CARLETON RD</u>	Address:
City, State, Zip Code: <u>HILLSDALE, MI</u>	City, State, Zip Code:
Facility I.D. #:	Phone #:
Testing Company: <u>United Petroleum Equipment, Inc.</u>	Phone #: <u>269-962-1407</u> Date: <u>1-7-25</u>

This procedure is to test the leak integrity of single- and double-walled spill buckets. See PEI/RP1200 Section 6.2 for hydrostatic test method, Section 6.3 for single-walled vacuum test method and Section 6.4 for double-walled vacuum test method.

Tank Number	<u>1</u>					
Product Stored	<u>RNW</u>					
Spill Bucket Capacity	<u>5 GAL</u>					
Manufacturer	<u>EBW</u>					
Construction	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Test Type	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Spill Bucket Type	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor
Liquid and debris removed from spill bucket?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Tank riser cap included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Drain valve included in test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Starting Level	<u>10 1/2"</u>					
Test Start Time	<u>1:00</u>					
Ending Level	<u>10 1/2"</u>					
Test End Time	<u>2:00</u>					
Test Period	<u>1 HR</u>					
Level Change	<u>0</u>					

Pass/fail criteria: Must pass visual inspection. Hydrostatic: Water level drop of less than 1/8 inch; Vacuum single-walled only: Maintain at least 26 inches water column, Vacuum double-walled: maintain at least 12 inches water column.

Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Comments:

*All liquids and debris must be disposed of properly.

Tester's Name (print) DONNIE GODBENEKE Tester's Signature Donnie Godbeneke

APPENDIX C-5

**UST OVERFILL EQUIPMENT INSPECTION
AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE**

Facility Name: <u>5TH AGENCY</u>	Owner:	
Address: <u>3311 CARLETON RD</u>	Address:	
City, State, Zip Code: <u>HILLSDALE, MI</u>	City, State, Zip Code:	
Facility I.D. #:	Phone #:	
Testing Company: <u>UNITED PETROLEUM</u>	Phone #:	Date: <u>1-7-25</u>

This data sheet is for inspecting automatic shutoff devices and ball float valves. See PEI/RP1200 Section 7 for inspection procedures.

Product Grade	<u>PNL</u>					
Tank Number	<u>2</u>					
Tank Volume, gallons	<u>5920</u>					
Tank Diameter, inches	<u>96"</u>					
Overfill Prevention Device Brand	<u>FRANKLIN</u>					
Type	<input checked="" type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve

AUTOMATIC SHUTOFF DEVICE INSPECTION

1. Drop tube removed from tank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Drop tube and float mechanisms free of debris?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Float moves freely without binding and poppet moves into flow path?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Bypass valve in the drop tube open and free of blockage (if present)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present
5. Flapper adjusted to shut off flow at 95% capacity?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" to any item in Lines 1-5 indicates a test failure.

BALL FLOAT VALVE INSPECTION**

1. Tank top fittings vapor-tight and leak-free?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ball float cage free of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ball free of holes and cracks and moves freely in cage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Vent hole in pipe open and near top of tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Ball float pipe proper length to restrict flow at 90% capacity?***	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" to any item in Lines 1-5 indicates a test failure.

Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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Comments:

* Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity.
 ** If a ball float is found to fail the inspection, another method of overfill must be used.
 *** Use manufacturer's suggested procedure for determining if flow restriction device will restrict flow at 90% capacity.

Tester's Name (print) DONNIE GODBETTER Tester's Signature Donnie Godbetter